	PATENT	Application or Docket Number										
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Ľ	MULTIPLE DEPENDENT CLAIM PRESENT									1		
•	* If the difference in column 1 is less than zero, enter *0" in column 2								 	OR OR	L	
		•	OTAL	<u> </u>		TOTAL	1140-					
7	0-25-04	(Column 1)		MENDED - PART II (Column 2) (Column 3)			s	MALL	ENTITY	OR		ENTITY
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** ADDIT FEE												
***	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev. 10/03)

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